



## EMPLOYEE OF SEXUALLY ORIENTED BUSINESS INFORMATION SHEET

Please read the City of Mesa Sexually Oriented Business City Code prior to submitting your application. A copy of the code is available on the City of Mesa website <http://www.mesaaz.gov/city-hall/city-clerk>

- Applications are available in the Licensing Office at 55 N. Center Street, Mesa.
- Licensing Office hours are Monday through Thursday 7:00 am until 6:00 pm, closed on holidays.
- A complete application packet must be submitted to the Licensing Office and include the following information/documents to begin the application approval process:
  - Application Fee \$50.00.
  - Investigation Fee \$25.00 for each person.
  - A completed City of Mesa Employee of a Sexually Oriented Business Application.
  - Supplemental questionnaire on spouse of the sexually oriented business employee.
  - Completed fingerprint card to accompany each supplemental questionnaire.
  - Suggested place to obtain fingerprints:
    - Arizona Livescan
    - 456 W. Main St. Ste D, Mesa
    - Office hours: Monday through Friday 9:00 am – 6:00 pm
    - Phone (480) 284-8470
  - Photocopy of government issued photo identification for all applicants.
  - Completed Licensing Eligibility Form with proof of authorized presence in the United States, pursuant to Arizona Revised Statutes Section 41-1080.
- Questions or assistance regarding the licensing process can be directed to any staff member at the City of Mesa Licensing Office, 480-644-2316.
- Prior to issuance of a license, the application will be routed to various City of Mesa departments for their recommendations.
- Upon approval/denial of an application, a letter will be mailed to the applicant's mailing address regarding the outcome.
- A licensing fee of \$50.00 is required prior to the issuance of the license. The license will be issued for one year.
- There is a yearly renewal fee of \$50.00, which is due 30 days prior to the expiration date of your license.

### **ALL FEES ARE NON-REFUNDABLE**

INCOMPLETE APPLICATIONS OR THOSE RECEIVED WITHOUT REQUIRED SUPPLEMENTAL INFORMATION WILL NOT BE PROCESSED.

Physical Location:  
55 N. Center St.  
Mesa, AZ

Mailing Address:  
P.O. Box 1466  
Mesa, AZ 85211-1466  
(480) 644-2316 TEL (480) 644-3999 FAX  
[www.mesaaz.gov/business/licensing](http://www.mesaaz.gov/business/licensing)

January 2014

## NOTICE TO SOLE PROPRIETOR, INDIVIDUAL AND/OR HUSBAND & WIFE BUSINESSES

All persons applying for municipal licensing as Individuals, Sole Proprietors, or Husband & Wife businesses, must provide evidence of their legal right to be in the United States in compliance with A.R.S. 41-1080, also known as the "Legal Arizona Workers Act."

*If applying by mail*, applicants must submit the eligibility form with the application. Please indicate, by checking the appropriate box, which of the 12 forms of documentation will be provided to verify legal status under federal law. Return the completed eligibility form along with the application, applicable fees and a copy of the documentation showing your legal status.

*If applying in person at the Licensing Office*, applicants must show one of the 12 types of documentation listed on the eligibility form with the application and applicable fees. The eligibility form will be completed upon presentation of the documentation.

Per State law, the City of Mesa Licensing Office cannot issue a license unless it first receives a copy of one of the specified forms of identification and a signed eligibility form.

**\*\*\*NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**



## LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

\*\*\***NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements) <b><u>NOT</u></b> accepted: HI, NM, UT, WA Note: a WA " <u>Enhanced</u> " Driver License is acceptable
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport or passport card.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or bureau of Indian affairs affidavit of birth.

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:
  - a. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
  - b. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR

2. ALL of the following apply:
  - a. The individual is a resident of another state.
  - b. The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
  - c. The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of municipal employee

\_\_\_\_\_  
Date

55 N. Center Street  
PO Box 1466  
Mesa Arizona 85211-1466  
(480) 644-2316 Tel  
(480) 644-3999 Fax



## APPLICATION FOR EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS

NON-REFUNDABLE \$50.00 DUE AT TIME OF APPLICATION - CODE 0570

**ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.**

<b>Check the type of sexually oriented business where you will be employed:</b>					
<input type="checkbox"/> Adult Arcade		<input type="checkbox"/> Adult Bookstore		<input type="checkbox"/> Adult Cabaret	
<input type="checkbox"/> Escort Agency		<input type="checkbox"/> Adult Motel		<input type="checkbox"/> Adult Motion Picture Theater	
<input type="checkbox"/> Nude Model Studio		<input type="checkbox"/> Adult Theater		<input type="checkbox"/> Adult Video Store	
<input type="checkbox"/> Sexual Encounter Center					
<b>SECTION I. APPLICANT INFORMATION</b>					
Applicant's Name		Last		First M.	
Residence Address					
City, State, Zip				Home Phone	
<b>SECTION II. MAILING ADDRESS</b>					
Street Address or PO Box					
City, State, Zip					
<b>SECTION III. PERSONAL INFORMATION</b>					
Previous names by which you have been known and years those names were used.					
Social Security Number			Date of Birth ( month, day, year)		
Place of Birth City, State, Country				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair	
Spouse's Name		Last		First M.	
<b>SECTION IV. APPLICANT'S HOME ADDRESS HISTORY FOR PAST 5 YEARS</b>					
From	To	Complete Street Address		City, State, Zip	
<b>SECTION V. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 5 YEARS</b>					
From	To	Business Name		City, State, Zip	

# APPLICATION FOR EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS

## PAGE 2

### SECTION VI. APPLICANT'S BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? ☐ Yes ☐ No

**IF YES, LIST ALL CONVICTIONS BELOW, REGARDLESS OF HOW LONG AGO THEY TOOK PLACE. ATTACH A SEPARATE SHEET IF NEEDED.**

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? ☐ Yes ☐ No

If yes, list the reason and the business activity or occupation prior to the denial, suspension or revocation.

Date	License Type	State	Outcome

### SECTION VII SEXUALLY ORIENTED BUSINESS LOCATION YOU WILL BE EMPLOYED.

Business Name	
Business Physical Location Address	
Business Phone Number	City of Mesa Sexually Oriented Business License Number

### SECTION VIII SIGNATURE AND CERTIFICATION

#### IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Sexually Oriented Business Employee License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date



**EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS LICENSE  
SUPPLEMENTAL QUESTIONNAIRE  
SPOUSE INFORMATION**

SECTION I. SPOUSE INFORMATION					
Name		Last		First	M.
Home Address					
City, State, Zip				Home Phone Number	
Previous names by which you have been known and years those names were used.					
Spouse's Name		Last	First	M.	Driver's License # and State of Issuance
Social Security Number			Date of Birth (month, day, year)		
Place of Birth City, State, Country				Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	Color of Eyes	Weight	Height	Color of Hair	
Spouse's Name		Last		First	M.
SECTION II. RESIDENTIAL ADDRESSES FOR PAST 5 YEARS BEGINNING WITH PRESENT ADDRESS					
From	To	Complete Street Address		City, State	

**EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS LICENSE  
SUPPLEMENTAL QUESTIONNAIRE  
SPOUSE (PAGE 2)**

**SECTION IV. SPOUSE BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR THE LICENSE REQUEST TO BE DENIED.**

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? ☐ Yes ☐ No

**IF YES, LIST ALL CONVICTIONS BELOW, REGARDLESS OF HOW LONG AGO THEY TOOK PLACE. ATTACH A SEPARATE SHEET IF NEEDED.**

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? ☐ Yes ☐ No

Date	License Type	State	Outcome

**SECTION V. SIGNATURE AND CERTIFICATION**

**IMPORTANT**

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Sexually Oriented Business License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date



**TO: ARIZONA LIVESCAN**  
**FROM: CITY OF MESA LICENSING OFFICE**  
**RE: FINGERPRINTS AND BACKGROUND CHECK**  
**DATE:**

**LIVESCAN: PLEASE RETURN THE FINGERPRINT CARD TO THE  
LICENSEE TO DELIVER TO THE CITY OF MESA.**

**Person to be printed:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please List All Previous Names You Have Been Known By:**

\_\_\_\_\_

**(THE PREVIOUS NAMES ABOVE MUST BE LISTED ON YOUR FINGERPRINT CARD)**

**Phone:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Fingerprints will be processed by Arizona Livescan. Results from the background check will be forwarded to Mesa Police Department.**

**\$20.00 Prints Fee**

**PAYMENT WILL BE COLLECTED AT THE TIME OF SERVICE**

NO APPOINTMENT NECESSARY  
PHOTO ID REQUIRED

ARIZONA LIVESCAN  
456 W. MAIN ST SUITE D  
MESA, AZ 85201  
(Just West of Country Club Drive on North side of Main St)  
Tel (480) 284-8470  
Mon - Friday 9:00 am – 6:00 pm

55 N. Center Street  
PO Box 1466  
Mesa Arizona 85211-1466  
(480) 644-2316 Tel  
(480) 644-3999 Fax